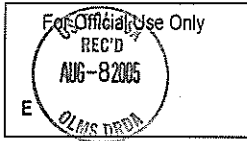


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <input type="text" value="5163"/>	2. Fiscal Year Covered From: <input type="text" value="1"/> / <input type="text" value="1"/> / <input type="text" value="2004"/> Through: <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2004"/>
3. Name and address of person filing. Name <input type="text" value="James"/> <input type="text" value="P"/> <input type="text" value="Connolly"/>  P.O. Box, Bldg., Room No., if any <input type="text" value="Suite 300"/>  Street <input type="text" value="999 McClintock Drive"/>  City <input type="text" value="Burr Ridge"/>  State <input type="text" value="Illinois"/> ZIP Code + 4 <input type="text" value="60527-0844"/>	4. Name, file number, and address of labor organization. Name <input type="text" value="Laborers' District Council of Chgo &amp; Vicinity"/>  Labor Organization File Number <input type="text" value="014-796"/>  P.O. Box, Building and Room Number, if any <input type="text" value="Suite 300"/>  Street <input type="text" value="999 McClintock Drive"/>  City <input type="text" value="Burr Ridge"/>  State <input type="text" value="Illinois"/> ZIP Code + 4 <input type="text" value="60527-0844"/>
5. Position in labor organization. <input type="text" value="Business Manager"/>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/>  Trade Name, if any: <input type="text"/>  P.O. Box, Bldg., Room No., if any <input type="text"/>  Street <input type="text"/>  City <input type="text"/>  State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/>          7.b. Amount. <input type="text"/>

### Signature

**15. Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

Date

Telephone Number

Name of Person Filing James Connolly	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Dowd, Bloch &amp; Bennett</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any 19th Floor</p> <p>Street 8 S. Michigan Ave.</p> <p>City Chicago</p> <p>State Illinois ZIP Code + 4 60603</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Laborers' Welfare, Pension &amp; Training Funds</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 11465 Cermak Rd.</p> <p>City Westchester</p> <p>State Illinois ZIP Code + 4 60154</p>	<p>11.a. Nature of such dealing.</p> <p>Legal representation of union and trust funds.</p> <p>See attached</p> <p>11.b. Approximate dollar value of such dealing. \$479,049</p> <p>12.a. Nature of interest held or income received.</p> <p>Can of popcorn as a Christmas gift.</p> <p>12.b. Amount. \$27</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.a. Nature of payment.</p> <p>14.b. Amount of payment.</p>
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**Attachment to Form LM-30 Year Ending 12/31/04**

Name: James Connolly    File#: 014-796    Page 1 of 2

11.b Approximate dollar value of such dealing (Dowd, Bloch & Bennett with Labor Organization and related trust funds):

<b>Name</b>	<b>Amount</b>
Laborers' District Council (Includes General, Strike & Organizing, Initial Contact, and Collection.)	\$ 278,136.98
LECET	\$ 123.75
Laborers' Pension Fund	\$ 89,578.29
Laborers' Welfare Fund	\$ 103,251.24
Laborers' Training & Apprentice Funds	\$ 7,959.22
<b>TOTAL</b>	<b>\$ 479,049.48</b>

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

12.b. Amount.	\$30
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13.b. Is the Business an Employer ☐ or Consultant ☐ ?

Name of Person Filing James Connolly

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Chgo Area Laborers-Employers Coop &amp; Educ Tru

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 302

Street 999 McClintock Drive

City Burr Ridge

State Illinois ZIP Code + 4 60527-0844

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

LECET is a trust that promotes union contractors and union laborers in the construction industry in a nine county area in northeastern Illinois.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

See attached.

## 12.b. Amount.

\$1,654

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.

**Attachment to Form LM-30 Year Ending 12/31/04**

James P. Connolly    File No. 014-796    Page 1 of 2

As a trustee on LECET I participated in the Tri-Fund Educational Conference in Orlando, Florida January 17, 2004 - January 21, 2004. The reimbursement from LECET was for airfare, meals, lodging and transportation in the amount of \$1,492.94.

LECET hosts an annual safety incentive luncheon which honors union contractors' and laborers' dedicated to safety in the construction industry workplace. The value of the lunch and coaster is \$56.00.

During the holiday season the LECET trust gave me as a trustee a briefcase with the LECET logo sewn on it valued at \$57.93, accompanied with a small box of sausage and cheese valued at \$47.35.

Name of Person Filing <b>James Connolly</b>	File Number U-
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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input style="width: 80%;" type="text" value="Amalgamated Bank of Chicago"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text" value="One W. Monroe"/></p> <p>City <input style="width: 80%;" type="text" value="Chicago"/></p> <p>State <input style="width: 20%;" type="text" value="Illinois"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="60603"/></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; min-height: 60px;"> <p>Handles various accounts for the District Council.</p> </div> <p>11.b. Approximate dollar value of such dealing. <input style="width: 100px;" type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <p>A member of the Amalgamated Bank Labor Advisory Committee.</p> <p>Meetings are held quarterly and lunch is served.</p> <p>Value of the lunch is \$40.00 for four meetings.</p> </div> <p>12.b. Amount. <input style="width: 100px;" type="text" value="\$160"/></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input style="width: 100px;" type="text"/></p>

Name of Person Filing	James Connolly	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text" value="Laborers' Training &amp; Apprentice Fund"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="1200 Old Gary Ave."/></p> <p>City <input type="text" value="Carol Stream"/></p> <p>State <input type="text" value="Illinois"/> ZIP Code + 4 <input type="text" value="60188"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>11.a. Nature of such dealing.</p> <div><input type="text" value="Trustee of the Laborers' Training &amp; Apprentice Fund."/></div> <p>11.b. Approximate dollar value of such dealing. <input type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <div><input type="text" value="Apprentice graduation ceremony banquet dinner valued at \$66.70."/></div> <p>12.b. Amount. <input type="text" value="\$67"/></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <div><input type="text"/></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input type="text"/></p>